

Consumer Council News

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President's Task Force

A Presidential task force to improve health care delivery for veterans was established in May. The mission of the task force is to: identify ways to improve benefits and services between VA and DOD (Department of Defense); review barriers and challenges that impede VA and DOD coordination; identify opportunities for improved resource utilization through partnership between VA and DOD to maximize the use of resources

Newsletter sponsored by
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Mental Health Hearings

On June 20, 2001 the House Committee On Veterans' Affairs Subcommittee on Health had a hearing on Mental Health, Substance-Use Disorders, and Homelessness. The purpose of the hearing was to examine VA's mental health programs. Chairman, Jerry Moran (R-KS) indicated that there was a lack of confidence in the capacity report. He wants VA to be a better steward of the dollars and programs in mental health for veterans. Public Law 104-262 requires VA to maintain capacity for specialized treatment and rehabilitative needs nationwide for veterans, including those with severe, chronic, disabling mental illnesses, including schizophrenia, PTSD and drug



addiction. There was concern that inpatient mental health capacity had been reduced to low and capacity had decreased for programs for substance abuse care.

There was a call for action in testimony given and that we have to move beyond analyzing the data. Dr. Garthwaite, V.A. UnderSecretary, expressed concern that VHA must assure there is an incentive through VERA (VA resource allocation system) rather than a disincentive to care for mental health veterans. Rep. Filner (D-CA) stated H.R. 936 attempts to refocus funds to the community to help with the transition of veteran moving to outpatient

Veterans with Spinal Cord Injury and Mental Health Issues

The Paralyzed Veterans of America (PVA) in response to the dual needs of veterans with a spinal cord injury and mental health condition passed a Resolution 99-M-8 that focuses on conducting necessary research to assess their members need for mental health services. They conducted surveys and presented a paper to the Committee on Care of Severely Chronically Mentally Ill Veterans at their June 2001 meeting. Some findings were:

- ⇒ Patients with SCI are more likely to be diagnosed with SMI when compared to all veterans using VHA health care services
- ⇒ 68% of SCI veterans received mental health services away from specialized inpatient bed sections

- ⇒ The most common SMI inpatient treatments among SCI were for Adjustment Reaction followed by Schizophrenic disorders
- Recommendations for a plan for mental health services for SCI veterans included:
 - ◆ Screening-Early screening for mental health conditions
 - ◆ Capacity-Assess the unmet needs and address the continuum of care
 - ◆ Accessibility-Timely screening, referrals and treatment in an accessible location
 - ◆ Education and Training of Professionals/Consumers-Staff In-Service and family education.

Democratic Staff Report-VA Community-Based Outpatient Clinics

The Democratic Staff of the Committee on Veterans' Affairs prepared a report on Community Based Outpatient Clinics which was released May 3, 2001. The report concluded:

- 1 VA does not provide the same services in all CBOCs. There is wide variation in basic treatments offered, the levels of those treatments, and the ratios of staff to workload
- 2 CBOCs have not adequately offset the loss of VHA inpatient mental health care programs by increasing access to outpatient mental health care. There is a need to find the right mix of inpatient and outpatient services which will then require close monitoring
- 3 The lack of a coherent system for collecting, monitoring, and analyzing quality of care data prevents evaluation of CBOC success. The survey responses to questions about quality of care documentation and monitoring proved so

diverse as to preclude any general conclusions about quality of care at the CBOC level.

In summary, the extent to which CBOCs have improved care to veterans in a clinically appropriate, cost-effective setting remains uncertain. The CBOCs have increased the number of access points to care, but their effect on systemwide capacity has yet to be seen. VHA's continued transition to an outpatient-centered system depends on monitoring health outcomes at the CBOC level. Without quality of care data, VISN directors cannot evaluate the effects of different staff-to-patient ratios and contracted care on health outcomes. In the context of the decentralized network organization, VHA will have to determine the most effective methods for ensuring a consistent performance baseline for outpatient clinics within and among networks.

Effective Coalition Building

A coalition by definition is a group of organizations working together in a common effort for a common purpose in order to make more effective use of resources. This is a type of strategic or cooperative alliance. Having a well-thought out need or goal not only motivates potential coalition members, but also gives some direction to the group. In gathering members the first step is to figure out who should be a part of the coalition. This involves deciding if you will involve individuals or organizations or both. Both have distinct advantages. Individuals bring a strong personal commitment to the mission and organizations bring expertise and resources to share. Leadership is essential and a coalition approach is accomplished through a facilitator approach. It is important that the moderator be able to help the

group establish a sharing mentality. This means taking the time to hear all points of view and learning what each organization can bring to the coalition. To make the coalitions work, these are some steps to include:

- ◆ Get a firm commitment from members-develop a clear and concise outline of minimal coalition expectations.
- ◆ Adhere to the mission and plan-keep on track to the mission and goal that brought the group together
- ◆ Communicate with members-keep members informed about what is taking place and what is expected of them
- ◆ Conduct Meaningful meetings-Hold efficient and effective meetings, communicate the agenda and

Information and Resources

July 11-15, 2001
NAMI 2001 Annual Convention
Washington, D.C. Call 703-524-7600
www.nami.org

Alternative 2001
August 23-26, 2001
Philadelphia, PA Call 800-553-4539

August 17-19,, 2001
National Depressive Manic Depressive Association
Cleveland, OH
800-826-3632 (ex:157) or www.ndmda.org